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| PETITIONER/PLAINTIFF: | CASE NUMBER: |
| RESPONDENT/DEFENDANT: |              |
| OTHER PARENT:         |              |

ATTACHMENT TO DECLARATION OF SUPPORT ARREARAGE

1. Type of support order: ☐ Child ☐ Spousal ☐ Family ☐ Medical  
☐ Other (specify):
2. Date of order (specify):
3. The support arrearage detail is as follows:

| MONTH/YEAR | AMOUNT DUE | AMOUNT PAID | PAYMENT AMOUNT<br>APPLIED TO<br>CURRENT SUPPORT | PAYMENT AMOUNT<br>APPLIED TO<br>PRINCIPAL ARREARS | PAYMENT AMOUNT<br>APPLIED TO<br>INTEREST |
|------------|------------|-------------|---|---|--|
|            |            |             |   |   |  |